

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

CABASSOL, JOELLE, , ,

Mailing Address 1014 THE CLIFFS BLVD

City
MONTGOMERY

State
TX

Zip Code
77356

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIG CAT DIVING

Occupation
COACH

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

55.00

Transaction ID : SA17A.30539

Date of Receipt

01 / 30 / 2020

EARMARKED THROUGH WINRED [SA17A.4381]

Amount of Each Receipt this Period

20.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

CABELA, RITA, , ,

Mailing Address 7562 CRESTVIEW DR

City
NIWOT

State
CO

Zip Code
80504

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Transaction ID : SA17A.8492

Date of Receipt

01 / 04 / 2020

**EARMARKED THROUGH WINRED [SA17A.4344];
EXCESS TO BE REFUNDED**

Amount of Each Receipt this Period

25.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

CABELA, RITA, , ,

Mailing Address 7562 CRESTVIEW DR

City
NIWOT

State
CO

Zip Code
80504

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

125.00

Transaction ID : SA17A.8493

Date of Receipt

01 / 07 / 2020

**EARMARKED THROUGH WINRED [SA17A.4345];
EXCESS TO BE REFUNDED**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

145.00

Total This Period (last page this line number only).....